



BUILDING PERMIT APPLICATION MECHANICAL

Date _____

Permit _____

PID _____

Notes _____

Scanned _____

Site Address: _____ Suite/Unit _____

The Applicant is: Owner ☐ Contractor ☐ Other ☐

Property Owner

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Contractor

Name _____

Address _____

City _____ State _____ Zip _____ Fax _____

Telephone _____ Mechanical Bond _____

Email _____

Engineer

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Reg# _____

Use Type

Single Family ☐ Townhouse ☐ Commercial/Industrial ☐
Multi-Family ☐ Institutional ☐ Other (O) ☐ _____

New ☐ Addition (ADD) ☐ Alter (ALT) ☐ Repair (REP) ☐ Other (O) ☐

PLEASE COMPLETE OTHER SIDE OF APPLICATION

**** SEPARATE PERMITS ARE REQUIRED FOR BUILDING, ELECTRIC, OR PLUMBING ****

Inspection Scheduling 763.635.1060

FAX 763.635.1090

Detailed description of work: _____

Please check all boxes that apply!

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> A/C | <input type="checkbox"/> Class II Hood | <input type="checkbox"/> Fireplace- Separate permit required | <input type="checkbox"/> Radiant Heater |
| <input type="checkbox"/> Boiler | <input type="checkbox"/> Combustion Air | <input type="checkbox"/> Furnace | <input type="checkbox"/> Refrigeration |
| <input type="checkbox"/> Air to Air exchanger | <input type="checkbox"/> Dryer Venting | <input type="checkbox"/> Heat Pump Appliance | <input type="checkbox"/> Solar |
| <input type="checkbox"/> Class 1 Hood | <input type="checkbox"/> Duct work | <input type="checkbox"/> Pool Heater | <input type="checkbox"/> Unit Heater |

Other _____

Fill in the appropriate boxes below:

Make	Model #	Heat Loss/Gain	Fuel	Flue Diameter	Input (BTU)	CFM	Tons	Hp

GAS PIPING

Please check all boxes that apply!

- | | | | |
|---------------------------------|------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Boiler | <input type="checkbox"/> Fireplace | <input type="checkbox"/> Gas Main | <input type="checkbox"/> Unit Heater |
| <input type="checkbox"/> Dryer | <input type="checkbox"/> Furnace | <input type="checkbox"/> Range | <input type="checkbox"/> Other _____ |

If gas piping will be done by others indicate: Name _____

Address _____ Phone # _____

Which appliances _____

State Mechanical Bond # _____ ☐ Please check if on file

All Fees are based on valuation, including cost of labor and materials.
The minimum fee is \$45.00 + state surcharge. **TOTAL JOB VALUATION: \$** _____

PERMIT FEE \$ _____ (1 ½% of Total Job Valuation – minimum of \$45.00)

SURCHARGE \$ _____ (.0005 x Total Job Valuation)

TOTAL DUE \$ _____ (make checks payable to: City of Elk River)

This is an application for a permit – it is not valid until processed

I hereby apply for a mechanical permit, and i acknowledge that the information above is complete and accurate; that i understand this is not a permit and work is not to start without a permit.

I understand and hereby agree that the work for which the permit issued shall be performed according to; (1) the conditions of the permit; (2) the approved plans and specifications; (3) the applicable city approvals, ordinances, and codes; and, (4) the state building/ mechanical codes and regulations.

I understand that the permit will expire, and become null and void if work is not started within 180 days, or if work is suspended or abandoned for a period of 180 days anytime after work has commenced; and, that i am responsible for ensuring that all required inspections are requested in conformance with the state building code.

Name of applicant _____ Date: _____
Please type or print

Signature of applicant _____